FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 20 1998 8:00am

Secretary of State

865-0941

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005032 (3)

DGM CONSULTANTS INC.

Mailing Address Principal Place of Business TWO S UNIVERSITY DR STE 215 TWO S UNIVERSITY DR STE 215 PLANATATION FL 33324 PLANATATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0628970 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zφ Country 8. This corporation owes or has paid the current year Intangible ☐ No 30 Personal Property Tax due June 30 Yos Yos 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LYNN, BRIAN TWO S UNIVERSITY DR STE 215 82 Street Address (P.O. Box Number is Not Acceptable) **PLANATATION FL 33324** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Flagistered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change Addition 1.1 TITLE TITLE GREEN, DENNIS NAME 1.2 NAME TWO S UNIVERSITY DR STE 215 STREET ADDRESS 1.3 STREET ADDRESS **PLANATATION FL 33324** 1.4 CITY - ST - 7/P CHTY-ST-ZIP Addition Change ■ DELETE 21 1IJLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-Zin 2. 4 CITY-\$1-7IP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 THUE Change TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TOLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.